

CORRECTION AFFIDAVIT

FORM COR-C/OH

FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: <u>3</u>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS/MRS/MR <u>MR</u></td> <td style="width: 33%;">FIRST <u>DOMINICK</u></td> <td style="width: 33%;">MI <u>A</u></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>DINA</u></td> <td>SUFFIX</td> </tr> </table>	MS/MRS/MR <u>MR</u>	FIRST <u>DOMINICK</u>	MI <u>A</u>	NICKNAME	LAST <u>DINA</u>	SUFFIX						
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NICKNAME	LAST <u>DINA</u>	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td colspan="2"><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td colspan="2"><input type="checkbox"/> Final report</td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
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5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 33%;">Month Day Year</td> <td style="width: 33%;">Month Day Year</td> <td style="width: 33%;">Month Day Year</td> </tr> <tr> <td><u>06/18/04</u></td> <td>THROUGH</td> <td><u>06/30/04</u></td> </tr> </table>	Month Day Year	Month Day Year	Month Day Year	<u>06/18/04</u>	THROUGH	<u>06/30/04</u>						
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6 EXPLANATION OF CORRECTION	<p style="font-size: 1.2em;">To reflect no reportable activity during the reporting period.</p> <div style="text-align: right; border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: right top;"> RECEIVED CITY OF SAN ANTONIO CITY CLERK 2004 JUL 15 P 3:38 </div>												

7 AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <div style="text-align: center;"> </div> <p style="text-align: center; font-size: 0.8em;">Signature of Candidate or Officeholder</p>
<div style="text-align: center;"> </div> <p style="text-align: center; font-size: 0.8em;">AFFIX NOTARY STAMP OF SEAL ABOVE</p>	<p>Sworn to and subscribed before me by <u>Dominick Dina</u> this the <u>15th</u> day of <u>July</u>, 20<u>04</u>.</p> <p>to certify which, witness my hand and seal of office.</p>
<p><u>Melinda S. Lopez</u></p> <p style="font-size: 0.8em;">Signature of officer administering oath</p>	<p><u>Melinda S. Lopez</u></p> <p style="font-size: 0.8em;">Printed name of officer administering oath</p>
<p><u>Notary</u></p> <p style="font-size: 0.8em;">Title of officer administering oath</p>	

Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

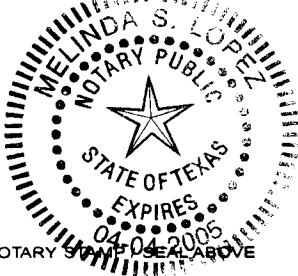
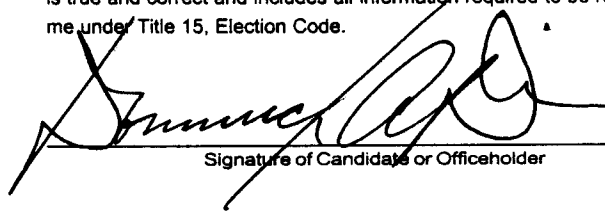
The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 2	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	FIRST DOMINICK	MI A.	OFFICE USE ONLY	
	NICKNAME	LAST DINA	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 9050 Ryelle APT / SUITE #: San Antonio CITY: TX STATE: TX ZIP CODE: 78250			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 273-9082	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS MR	FIRST Johnny	MI E.	Receipt #	
	NICKNAME	LAST Lovejoy	SUFFIX	Amount	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 9564 Vallecito Pass APT / SUITE #: San Antonio, TX CITY: TX STATE: TX ZIP CODE: 78250				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 680-4610	EXTENSION	Date Processed	
9 REPORT TYPE	Date Imaged				
10 PERIOD COVERED	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
11 ELECTION	Month Day Year ELECTION DATE ELECTION TYPE 06 / 18 / 04 05 / 07 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) District 6 City Council		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> Name: N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

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RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME <u>DOMINICK A. DINA</u>		16 ACCOUNT # (Ethics Commission files)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	<u>N/A</u>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		RECEIVED CITY OF SAN ANTONIO CITY CLERK 2004 JUL 15 PM 3:38
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -	
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -	
19 AFFIDAVIT			
 <p>AFFIX NOTARY SEAL ABOVE</p>		I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.	
		 Signature of Candidate or Officeholder	
Sworn to and subscribed before me, by the said <u>Dominick Dina</u> , this the <u>15th</u> day of <u>July</u> , 20 <u>04</u> , to certify which, witness my hand and seal of office.			
<u>Melinda S. Lopez</u> Signature of officer administering oath		<u>Melinda S. Lopez</u> Printed name of officer administering oath	
		<u>Notary</u> Title of officer administering oath	

